

**YOUTH SERVICES
REGIONAL REPORTING OFFICER / ADMINISTRATIVE DUTY OFFICER (ADO)
INITIAL REPORT OF INCIDENT**

☐ **“Level I”**
☐ **“Level II”**

TO: Deputy Secretary
Assistant Secretary
Chief of Operations
Deputy Assistant Secretary
Regional Directors

FROM: _____

DATE: _____

Date of Incident: _____ Time of Incident: _____

Youth Involved: (names and Client ID #(s); use additional paper if needed)

1. _____ 3. _____

2. _____ 4. _____

Incident involves: (check all that apply)

☐ Death

☐ Runaway

☐ Reportable Injury*

☐ Apprehension

☐ Serious Incident **

☐ Life-Threatening Event*

☐ Escape

☐ Other***

* Description/diagnosis of injury: _____

** Serious Incident: A situation in which injury serious enough to warrant medical attention occurs involving a youth, staff or visitor on the grounds of a secure or non-secure care facility, or a situation creating an imminent threat to the security of a secure or non-secure care facility, and/or the safety of the youth, staff or visitors.

*** High profile or large scale event warranting immediate notification of authority (e.g., natural disaster, hostage situation, facility riot, large scale evacuation, rape, etc.)

Brief description of incident and action taken: (include specific location where incident occurred.)
